STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

113	FLEASE FI	CINI			
I. Name of Lobbyist	(a) George	€ W. Rouss	os and Lind	lsay E. Nadea	OCT 25 2017
·					NEW HAMPSHIRE
II. Name of lobbyist	's partnershi	p, firm or corpo	ration, if any:		DEPARTMENT OF STATE
Orr & Reno					
(Na	ime of partnersl	nip, firm or corpora	tion)		
45 S. Main		Box 3550	Concord	NH	03302
Business Address: (S	Street)	(Te	own/City)	(State)	(Zip Code)
(603) 224-238 (Telephone)		(603) <u>22</u>	(Fax)	e-mail_lnade	eau@orr-reno.com
III. This statement or reportable expense					nay file a separate report for
All reportable tra		_	ths prior to the repo	rting date relative to	the following client:
_AmeriHealt			d - I - Ll-: D	-i testina Premi	
<u>OR</u>	(ruii Name	of Cilent as it appe	ars on the Lobbyist R	egistration Form)	
All reportable tran		e lobbyist (inclu	ding the lobbyist's	amily), or the lobbyi	ng firm listed below which are
IV. Date of Report Reports cover: act	April 26, 2	2017 \square of registration to 3.	/31/17 activi	July 26, 2017 ty from 4/1/17 to 6/30/1	17
Reports cover. uch		5, 2017 🛚	JI/I/ UCIIVI	January 31, 2018 \square	
		7/1/17 to 9/30/17	activ	ity from 10/1/17 to 12/2	
V. There have bee If this box is checked Concord, NH 03301.	, complete jus				the last report. State House, Room 204,
VI. Check if additio	nal reports a	re attached:			
🛚 If you have recei	ved fees or ma	ade expenditures,	you must file Add	endum A-Fees and	Expenses
☐ If you have paid Expense Reimbursen		n or reimbursed e	xpenses, you must	file Addendum B – F	Report of Honorariums or
☐ If you, your firm	, or your fami	ly has made polit	ical contributions, y	ou must file Addenc	lum C- Political Contributions
Sworn Statement/A I have read RSA 15, and complete to the b	RSA 15-B, R	SA 14-C and RSA		wear or affirm that the	e foregoing information is true
MI lad	111		_	10/25/2017	!
Signature of lobbyi	st)		_		rate)
Lindsay E.	Nadeau				
(Print Name of lobb			-		

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadeau				
II. Name of lobbyist's partnership, firm or corporation, if any:				
Orr & Reno, P.A.				
(Name of partnership, firm or corporation)				
III. Name of Client _ AmeriHealth Caritas	Date	10/25/17		
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations ss fee ar	, or public relations services nount reported shall not be		
a) Total of all fees received in this reporting period	a) \$	10,000.00		
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$_	15,523.92		
c) Total of all fees received to date (Add lines a and b)	c) \$	25,523.92		
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00		
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A. a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. a) \$\frac{0.00}{0.00}\$				
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.				
c) Total of all itemized expenditures reported in detail in section VI.				

(Add lines a, b and c)	d) \$	0
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	100
f) Total of all expenses year to date	f) \$	100
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	lobbying fees dur	ing this repo
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	•
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affi is true and complete to the best of my knowledge and belief.	rm that the foreg	going infor
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affi		going inform
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affi	rm that the foreg	going infor

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Stater	nent/Aff	irma	tion	by L	obbyist
Statem	ent of	Income	and	Expe	enses	for:

Name of Lobbying partnership, firm, or co	orporation: Orr & Reno, P.A.
Name of Client (leave blank if Statement	is for the partnership, firm, or corporation and not related to any
particular client): AmeriHealth Ca	ritas
Date of Report (check one):	
April 26, 2017	☐ October 25, 2017 ☑ January 31, 2018 ☐
	4, the Statement of Income and Expenses described above, and h that Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoin complete to the best of my knowledge and	ng information on the Statement and each Addendum is true and if belief.
Madun	10/25/17
(Signature of lobbyist)	(Date)
Lindsay E. Nadeau	.
(Print Name of lobbyist)	